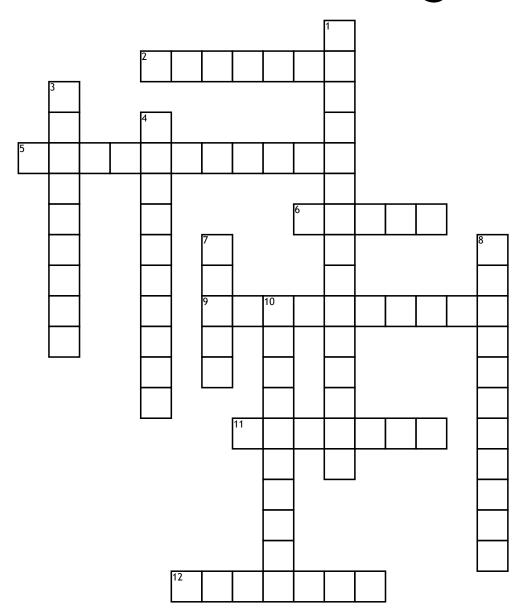
Name: _____ Date: _____

Pack Your Bags!



Across

- 2. Organize
- **5.** Long Day Clean Up
- 6. Stay Out
- **9.** Mile High Nap

- 11. Meds Storage
- **12.** Closing Your Lids

Down

- **1.** Favorite Past Time
- 3. Glen Coco

- 4. Lost Goods
- 7. Must Be Sugar Free
- 8. Destination
- **10.** Pop Your Ears